

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**MAR 25 1937**

7808

**1. PLACE OF DEATH**

County Ray  
Township Crossed River  
City Harden

Registration District No. 740  
Primary Registration District No. 117

File No. 7  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Everett Edward Johnson

(a) Residence, No. Rural St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth McLean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>3</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 15, 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Missouri

13. NAME Lee Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Mo.

15. MAIDEN NAME Mattie Robertson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Mo.

17. INFORMANT (ADDRESS) Mrs. Elroy Summer Harden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harden Cem DATE Feb. 17, 1937

19. UNDERTAKER (ADDRESS) John W. Knipschild Harden Mo.

20. FILED Feb. 16, 1937 A. J. Williford Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on Jan. 18, 1937. Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows: Coronary Occlusion

Other contributory causes of importance: 94B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_. Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_ (Signed) Carol Reed, M. D.  
(Address) Harden, MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY what was the cause of death. Do not use this space.

